

Attachment A

Request for Medical Volunteer Procedures

Local officials requesting the activation of the MRC must provide the following information to the Director or his/her designee:

- 1) The nature and scope of the emergency.
- 2) The location of the emergency.
- 3) The estimated number of patients and their injuries.
- 4) The staging area(s) or location(s) to which the Medical Reserve Corps unit is being deployed.
- 5) Specific medical skills and/or resources needed, i.e., physicians, nurses, etc.
- 6) Contact information, including phone number and/or radio frequency of person requesting resources as well as whom the volunteers report to at the responding location.

Contact the *Capital Region Medical Reserve Corps* accordingly:

1. Contact the Capital Region MRC Director, Leigh A. Cheney:
Office: 603-230-6104
Cell: 603-630-0705
Home: 603-753-2256

An e-mail message should be also be sent to:
lacheney@crhc.org

2. In the event that Leigh cannot be reached, contact the Capital Region MRC co-coordinators, Diane Viger or Mary Frambach:

Diane Viger 271-5300	Mary Frambach Home : 603-736-9295 Cell: 603 496-2926
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An e-mail message should also be sent to:
dviger@dhhs.state.nh.us; smile2sun@msn.com; and meframbach@hotmail.com